## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

serial no. 10/596219 FILING DATE

(FOR USE WITH FORM PTO-875)

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER		AFTER	
			1" AMENDMENT		2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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CLAIMS	U		,	100	U J	

PTO - 1360 (REV. 04/2007)

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT	
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TOTAL IND.	0	♥	0	♣	0	
TOTAL DEP.	0	<b>+</b>	0	<b>←</b>	0	<b>+</b>
TOTAL CLAIMS	0		0		0	7

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